

SOCIO-CULTURAL EFFECTS OF CHILDLISSNESS ON MARRIED WOMEN IN IGALALAND

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Abstract

The issue of childlessness among married women has been a subject of concern and interest in various societies across the world. Among the Igala people, great emphasis is placed on the role of women as mothers and the bearing of children. Marriage and procreation are closely intertwined and inseparable in Igalaland, with a strong emphasis on the importance of having children. The ability to bear children is not only seen as a personal achievement but also as a contribution to the broader community. Consequently, childlessness can have profound social, emotional, and psychological repercussions for married women in Igalaland. Despite the societal importance attached to motherhood in Igalaland, the experiences of childless women in this cultural context have received limited scholarly attention. The pain of childlessness is particularly difficult to bear, especially in African societies where procreation is viewed as a crucial aspect of marriage. This study aims to shed light on the effects of childlessness on married women in Igalaland with a major focus on women in the Ochadamu community. It utilizes socio-historical and descriptive research methods. The findings of this study reveal a complex web of socio-cultural effects stemming from childlessness among married women in Igalaland. Societal stigmatization, emotional distress, and economic hardships emerge as significant challenges. Based on the findings, the study concludes that childlessness among married women in Igalaland has far-reaching socio-cultural implications that affect various aspects of their lives. The study recommends mass enlightenment of the public on the causes of infertility, advocacy for gender equality within the community, and that childless couples should seek medical treatment jointly, among other measures.

Key Words: Childlessness, Married, Women, Sociocultural, Effects, Igala.

Introduction

Childbearing is often considered a significant aspect of womanhood and a fundamental part of family life in many cultures worldwide. Having children is regarded as a natural and essential part of a woman's life, and childlessness is

mostly viewed as a failure or a curse, especially in an African society. The societal and cultural norms in Africa coupled with the strong desire for procreation often result in constant pressure on women to bear children, particularly in patriarchal societies where childbearing is seen as a means to validate a woman's worth and social status. The issue of childlessness among married women has been a subject of concern and interest in various societies across the world. The Igala people have a rich cultural heritage that places great emphasis on the role of women as mothers and the bearing of children. Childbearing is considered a crucial aspect of a woman's identity and her social standing within the community. In Igala society, women are expected to procreate and bear children to ensure the continuity of the lineage, maintain family ties, and provide support in old age. The ability to bear children is not only seen as a personal achievement but also as a contribution to the broader community. Consequently, childlessness can have profound social, emotional, and psychological repercussions for married women in Igalaland.

The concepts of marriage and procreation are closely intertwined and inseparable in Igalaland, with a strong emphasis placed on the importance of having children. One of the prevailing cultural beliefs in Igala marriage is that its fundamental purpose is procreation. Marriage is commonly seen as a readiness for starting a family, and the act of getting married is viewed as an opportunity to contribute to the continuation of the lineage and the wider society through the bearing of children (Okpe 29). When a couple enters into marriage, one of the most valued and customary expressions of goodwill bestowed upon them is the prayer for them to have offspring: "May God bless you with many children. May you give birth to sons and daughters, and in nine months, we will gather to celebrate the arrival of your baby." These wishes encapsulate both the societal perception of marriage and the understanding that sexuality within the context of marriage primarily serves the purpose of procreation. Difficulties arise when a marriage does not result in the conception of children.

The response to infertility is significantly influenced by the values and socio-cultural norms of the community. Typically, women are held solely responsible for infertility, while men are seen as blameless. As a result, women often face humiliation, isolation, ridicule, abuse, and rejection. This is a common experience for infertile women in Africa, including the Igala society. Consequently, many women resort to various measures to conceive, such as seeking help from conventional medical practitioners, herbalists, traditional healers, prayer houses, and spiritualists in their quest for children and a solution (Abubakar 187).

Despite the societal importance attached to motherhood in Igalaland, the experiences of childless women in this cultural context have received limited scholarly attention. The pain of childlessness is particularly difficult to bear, especially in African societies where procreation is viewed as a crucial aspect of marriage. It is against this backdrop that this paper seeks to bring to the limelight

the effects of childlessness on married women in Igalaland, particularly in Ochadamu to proffer possible solutions.

African Concept of Marriage

Marriage, generally speaking, has a very significant place in human society. It does not only bring two different individuals together in a communion of love and companionship, but it also ensures the continuation of the human race by way of procreation. The position of marriage has been a crucial issue in every society because of its role as a medium of continuity. As an institution, marriage is found in all human societies, and it is the onset of a family (Ige & Owoyemi 36).

Ogoma asserts that marriage occupies an important position in the affairs of Africans, especially in the past. Without marriage, there is no family, and without a family, there will be no society (93). The connection between marriage and family can hardly be separated among traditional Africans. In most African societies, marriage and procreation cannot be separated. One of the primary reasons for marriage is procreation and it is generally believed that one who is ready to be married is consequently ready to start birthing children. Marriage in African tradition is the joining of two or more families through the union of one man and more women.

Mbiti noted that for African peoples, marriage is the focus of existence. It is the point where all the members of a given community meet: the departed, the living, and those yet unborn. All the dimensions of time meet here, and the whole drama of history is repeated, renewed, and revitalized. Marriage is a drama in which everyone becomes an actor or actress and not just a spectator. The family is not just a component of the man, the wife, and their children. The departed souls, relatives, and the unborn generations are regarded as members of the family. That is why marriage is not only the union, or the joining of a man and a woman to become husband and wife. Marriage is a family or even a community affair. The involvement of the departed souls in African traditional marriage makes it a sacred affair (133). The above definitions give a vivid picture of what marriage is in an African society and are not farfetched from the view of marriage amongst the Igala people. Marriage is a communal affair. It is believed that marriage into a family is enunciation into that community as a whole.

African traditional concept of marriage is teleological, it is primarily for procreation. In Africa, marriage can be dissolved on the grounds of childlessness. The importance attached to children is however not without basis (93). One major reason for that attachment is summed up in what Mbiti calls 'personal immortality.' When a man dies, he needs somebody to bear his name, so that his name does not die (131). The African attaches importance to childbearing. An unfruitful marriage is not only a misfortune but also a curse since the couple has not contributed to the community of the family and therefore, of society. A barren

woman, however rich, famous, or prosperous, is considered a shame to her race and she is made to feel worthless. The importance of children among traditional Africans can be rationalized. In an agrarian society, especially in the past, the manliness of a man was measured by his farm produce. The higher the produce, the greater the respect accorded a man. Many hands on the farm led to greater output. Also, leadership roles and chieftaincy titles were reserved for men who had many wives and children under them. The reasoning behind this is that it is assumed that a man who could control many wives and children if given leadership roles, would be effective. Africans were not taught how not to die, but they believed that if they had many children, some of them would outlive them even if some of them died. Marriage is looked upon as a sacred duty that every normal person has to perform before he is given any reasonable consideration in society. Therefore, anybody who, under normal conditions, refuses to get married is committing a major offense in the eyes of society, and people will be against him. In all African societies, everything possible is done to prepare people for marriage and to make them think in terms of marriage (Okpe 1).

Concept of Childlessness and Infertility

Childlessness refers to the condition of being unable to bear children, either by choice or due to medical, biological, or social reasons. Kelly asserts that children hold significant importance to individuals worldwide, particularly in societies without safety nets like life insurance and socialized medicine. They can serve as a form of personal insurance against future difficulties, such as old age or illness. Children can also be instrumental in forming beneficial alliances, accumulating wealth, providing entertainment, establishing social status, and symbolizing virility or fertility. They often strengthen marital bonds and offer meaning and solace in the face of existential concerns, including thoughts of mortality. Therefore, when a married couple is unable to conceive, it is a profound disappointment not only for them but also for those around them (157). Kelly's view portrays the importance of children in marriages and homes. Any marriage contracted is expected to produce children; this expectation is a natural response not only from the immediate family of the newlyweds but from society as a whole. The big problem arises when after some time, there is no sign of procreation.

The desire for a child is influenced by complex factors such as psychological needs, biological drives, and historical and social traditions; these needs develop both in men and women. Women are made to believe that it is a natural response to get pregnant and bear children immediately after they get married. When this doesn't happen as expected, tensions are aroused, and anxiety soars. Because of this duty nature seems to have saddled on women, society is quick to point an accusing finger on her when conception is not achieved within an expected period even if a proper medical test is yet to be conducted to ascertain the cause of the condition. Attributing the cause of childlessness to women is gender bias and too conclusive. Childlessness carries socioeconomic and emotional consequences. In

some families, husbands may neglect their financial responsibilities towards their “childless” wives and may even disregard them entirely. Furthermore, women who are termed childless are subjected to derogatory names and exclusion from their women's age groups, amplifying the social stigma they experience.

Many societies have limited the term “barren” to women with no name ascribed to a man without children. This is because of the traditional belief that only a woman can be barren. However, research conducted by Middleton has proved that married men contribute up to 40.9% to the problem of childlessness (847);[h1] [BEE2] Similarly, the World Health Organization in 2006 stated that married men contribute up to 40% to the problem of childlessness ([https://www.who.int/news-room/fact-](https://www.who.int/news-room/fact-sheets/detail/infertility)

[sheets/detail/infertility](https://www.who.int/news-room/fact-sheets/detail/infertility)). [h3] [BEE4] However, the consequences of childlessness in the society go beyond the medical definition and have significant effects on individuals' lifestyles and life opportunities. The impact of childlessness varies, as it can enhance life satisfaction for some individuals while diminishing it for others who have personal aspirations of becoming parents. From a societal perspective, childlessness contributes to low birth rates and population decline, leading to a diminishing labor force and an increase in the proportion of older individuals.

The number of childless couples is increasing significantly, evident from the resistance encountered when attempting to initiate adoption, even among couples without any biological children. Many couples are childless due to past misconduct during their youth, such as illicit drug use to prevent pregnancy or complications resulting from termination of pregnancy. Some couples attribute their childlessness to supernatural factors, relying on hope in God to provide children in due time (Rasak & Oladipo 46). [h5] [BEE6] Others turn to adoption, accepting their biological infertility and no longer seeking the cause or a solution for it. However, childless women often struggle with communication in their social circles, encountering negative remarks (though well-intentioned) at events like birthday parties and other social gatherings.

Infertility has no universally accepted definition because of the difficulty of defining the concept in precisely meaningful terms. According to the World Health Organization, infertility refers to the biological inability to conceive after 12 months or more of regular unprotected sexual intercourse or the inability to carry a pregnancy to term[h7] [BEE8] (<https://www.who.int/news-room/fact-sheets/detail/infertility>). Worldwide, more than 80 million couples suffer from infertility as conducted by the World Health Organization; the majority of this population are residents of developing countries (<https://www.who.int/news-room/fact-sheets/detail/infertility>). [h9] [BEE10] Griel stated that, as a concept, infertility falls within the broad spectrum of the health care system as it relates to reproduction. It could be viewed as a result and consequence of the couple not being able to produce a child. It could also be viewed from the health perspective and natural cause. Infertility can be of source in the wife or the husband and at times on both husband and wife (149).

In line with the feelings of African belief and culture, Abanihe Uche (94) as cited in Griel, (151) defined infertility as a link to an ancestral curse, link to taboo, or superstition. He went further to explain that when a curse of barrenness is placed on a family or individual as a result of any misgiving, this can lead to infertility in both man and woman. It could also be a taboo committed by the mother, which negates the spirit of the land and thereby the punishment results in infertility of the affected baby unless the “god” is appeased, and all sacrifices performed. So aside from being a medical condition, infertility in African society is also considered a spiritual condition that can affect a man or a woman depending on the offense or taboo that has been committed. True to the words of Griel, in most African societies, some laws guide the conduct and behavior of people living in a society. If these laws are broken, it comes with repercussions, and often, until sacrifices are made to appease the offended ancestors or divinities, the consequence of misconduct lingers. So, childlessness or infertility can be occasioned by angered divinities as a form of punishment for a man or woman in an African society.

[h1]Provide source

[BEE2]Middleton 847

[h3]Source needed

[BEE4]<https://www.who.int/news-room/fact-sheets/detail/infertility>

[h5]Source needed

[BEE6]Rasak & Oladipo 46

[h7]Source

[BEE8]WHO

<https://www.who.int/news-room/fact-sheets/detail/infertility>

[h9]Source

[BEE10]<https://www.who.int/news-room/fact-sheets/detail/infertility>

Causes of Infertility

American Society for Reproductive Medicine, while expounding on the causes of infertility said some factors called - fertility factors when affected one way or the other are responsible for infertility (57-61). These factors include:

i. The Ovulation Factor

Problems with ovulation are common causes of infertility, accounting for approximately 25% of all infertility cases. [h1] [BEE2] Ovulation involves the release of a mature egg from one of the ovaries. After ovulation, the ovary produces the hormone progesterone. During the 12 to 16 days before menstruation begins, progesterone prepares the lining of the uterus into an optimal environment for implantation and nurturing of the fertilized egg. If a woman has regular menstrual cycles, she is probably ovulating. Cycle lengths of approximately 24 to 34 days (from the beginning of one period to the beginning of the next period) are usually ovulatory. If a woman only has a period every few months or not at all, she is probably not ovulating or not ovulating frequently and if a woman is not ovulating, she cannot become pregnant. An elevated progesterone level helps to

confirm ovulation and the adequacy of ovarian hormone production (Baby Center Medical Advisory Board 78).

[\[h1\]](#)Source

[\[BEE2\]](#)American Society for Reproductive Medicine (ASRM) 57 as noted under "Causes of Infertility."

ii. The Tubal Factor

Open and functional fallopian tubes are necessary for conception, and tests to determine tubal openness (patency) are important. Tubal factors, as well as factors affecting the peritoneum (lining of the pelvis and abdomen), account for about 35% of all infertility problems. If the tubes are found to be blocked, scarred, or damaged, surgery can sometimes correct the problem. But surgery does not guarantee that the tube, even if opened up or cleared of scar tissue, will function properly. Although some tubal problems are correctable by surgery, women with severely damaged tubes are unlikely to become pregnant.

iii. The Male Factor

Male factor is a contributing factor to infertility in a substantial proportion of involuntary childlessness. Male factor infertility describes the inability of a man to impregnate a woman after 12 months of regular, unprotected sexual intercourse (Uadia 4). In approximately 40% of infertile couples, the male partner is either the sole or a contributing cause of infertility. [\[h1\]](#) [\[BEE2\]](#) Therefore, a semen analysis is important in the initial evaluation. There may be Varicocele (dilated or varicose veins in the scrotum) or duct obstruction. In some cases, no obvious cause of poor sperm quality can be found. Repeated episodes of penile discharges, painful urination, genital ulcers, erectile dysfunction, and testicular pain also directly affect male reproductive tracts. Other factors are genetics, physical and hormonal abnormalities, injuries, drugs, infections of the genital tract, infantile infections, exposure to environmental factors including diet, radiation, toxic elements, cultural behaviors, and otherwise unexplainable causes (Anyadike et al. 125). The damage by these factors is sometimes irreversible.

[\[h1\]](#)Source

[\[BEE2\]](#)American Society for Reproductive Medicine (ASRM) 57

iv. The Age Factor

Delaying pregnancy is a common choice for women in today's society. The number of women in their late 30s and 40s attempting pregnancy and having babies has increased in recent years. Those who have chosen to delay pregnancy, due to college or career for example, may not realize that their fertility begins to decline significantly in the mid-30s and accelerates in their late 30s. Some women even begin to experience a decline in their fertility in their late 20s and early 30s. Fertility declines with age because fewer eggs remain in the ovaries, and the quality of the eggs remaining is lower than when they were younger. An elevated FSH (follicle stimulating hormone) level indicates that the chances of becoming pregnant may be lower than routinely expected for a particular age, especially if

women are age 35 or older. In addition, an AMH (anti-mullerian hormone) level may also be ordered to provide additional information about an individual ovarian reserve. A lower AMH level indicates decreased ovarian reserve. Abnormally high FSH or low AMH levels do not mean that the woman has no chance of successful conception. However, they may indicate that success rates may be lower, that more aggressive treatment may be warranted, and/or that higher medication doses may be needed. [h1] [BEE2]

[h1]Sources

[BEE2]American Society for Reproductive Medicine (ASRM) 57 & 58

v. Genetic Abnormalities

Some men and women may carry genetic abnormalities that make it more difficult to become pregnant and more likely that a pregnancy end in miscarriage. One example is a translocation or a rearrangement of genetic material. This may be tested for, in appropriate circumstances, by blood testing of the couple. Some couples may even carry a known genetic illness and wish to avoid passing this illness on to a child. Cowden said in the female there are many causes of infertility. Some of the most common causes are age, polycystic ovaries, complications from being infected with sexually transmitted diseases, smoking, and being underweight or overweight (67). Although most occurrences of infertility result from these mentioned causes many times infertility results from a combination of issues from both the male and female side.

Many times, sadly, infertility cannot be explained. Unfortunately for many women, age plays a big role in their infertility. As woman ages just like with all the other organ systems of the body her reproductive organs do not function as well as they did when she was younger. Women have the most follicles of their lifetime in utero. Therefore, as a woman ages, her ovarian follicular pool decreases. Fecundity declines gradually but significantly beginning approximately at age 32 years, and decreases more rapidly after age 37 years, reflecting primarily a decrease in egg quality in association with a gradual increase in the circulating level of FSH (<https://www.who.int/news-room/fact-sheets/detail/infertility>) [h1]

[BEE2] So, as a woman ages, the follicles that she has had since before birth are of course aging too. So, as one can imagine, the older these follicles become, the more likely oocytes are to have genetic abnormalities. The age-associated decline in female fecundity and increased risk of spontaneous abortion are largely attributable to abnormalities in the oocyte.

[h1]Source

[BEE2]WHO

<https://www.who.int/news-room/fact-sheets/detail/infertility>

Brief History of the Igala People

Igalaland is situated in the eastern part of Kogi State, Nigeria, encompassing an approximate area of 13,685.61 square kilometers. Its geographical coordinates

range between latitude 6°30' and 8' North and longitude 5°30' and 7°40' East. The territory of the Igala people is bordered by the River Niger to the west and the Benue River to the north. On the southern side, it shares boundaries with Onitsha and Nsukka, while to the east it touches Idomaland. Within Igalaland, the Igala people are both numerically and culturally dominant. Their common political identity can be traced back to the 17th-century reign of Ata Ayegba Om'Idoko (Miachi 21). Linguists classify the Igala and Yoruba languages together, as they both belong to the Kwa sub-group of the Niger-Congo family. Prolonged interactions with neighboring cultures have influenced the Igala language. Historical evidence indicates that interactions with the Igbo people date back as far as the 9th century A.D. Miachi affirms that there are similarities between the *Egwu* (masquerades) of the Igala and the *Egwugwu* of Igboland, as well as the *Egwugwu* of Asaba in Delta State, albeit with slight differences. Furthermore, Miachi emphasizes the presence of "striking similarities in ritual practice, cultural objects, linguistic terms, and titles" between the Igala and Benin cultures (21).

The history of the Igala people is shrouded in myths and legends, making it a topic of controversy due to the scarcity of written records. The precise origin of the Igala people remains uncertain. Nonetheless, numerous traditions and assertions have emerged in an attempt to shed light on their beginnings (Okwoli 7). The question of who the Igala people are and their ethnogenesis should be readily answered by [\[h1\]](#) [\[BEE2\]](#) all Igala individuals. It is crucial to be able to identify oneself and trace one's origins, as it significantly impacts how one is perceived by others. Simply put, the Igala people are those ruled by the Ata Igala, who is the sole authority figure in their society. As for their origin, four main possibilities have been suggested: Hausa, Yoruba, Benin, and Yemen. The ancestors of the Igala people were present at the Tower of Babel in present-day Iraq when God confused human language. Those who could understand each other formed groups, and the Igala people migrated to neighboring Yemen. From there, they journeyed through Ethiopia, the Central African Republic, and Cameroon, and finally entered Nigeria, briefly settling on Jukun land (Egbunu, 28).

Egbunu asserts that the Igala people are evenly dispersed throughout the land, with higher population densities in Anyigba, Idah, and Ankpa. While the Igala can also be found sparsely in Edo, Delta, and Anambra States, the majority reside in Idah, Ankpa, Dekina, Omala, Olamaboro, Ofu, Ibaji, Bassa, Lokoja, and Ajaokuta (49). Egbunu further notes that Igalaland serves as a kind of crossroads in Nigeria, strategically located at a natural intersection. Consequently, it has been both positively and negatively influenced by various events and has been pulled in different directions. It has had significant interactions with the Yoruba, Edo (Benin), Jukun, Idoma, Nupe, Igbo, Hausa, Igbirra, Bassa Kwomu, and Bassa-Nge cultures. These encounters have naturally left their imprints on the traditions and culture of the Igala people. Okwoli supports this idea by stating, "Oral traditions would seem to indicate that the Igala is essentially an amalgamation of various

Nigerian ethnic groups and that the Igala have been in contact with their various Nigerian neighbors (10)."^[h3] ^[BEE4] While Okwoli 's view holds some truth due to the central location of Igalaland, it may not be entirely accurate to conclude that the Igala people are solely a conglomerate of other ethnic groups. It can be inferred that the Igala people existed as a distinct entity before assimilating elements from other cultures into their mainstream. ^[h1]Merge both paragraphs ^[BEE2]Merged
^[h3]Source
^[BEE4]Okwoli 10

Marriage and Childlessness in Igalaland

In Igala society, the institution of marriage holds immense significance as it serves as a crucial means for the continuation and propagation of human life. Family, in this context, is inseparable from the concept of marriage and largely relies on socio-cultural norms associated with it. From a young age, boys and girls are presented with the idea of marriage as an objective they should aspire to achieve. While this may not be a pressing matter in their early years, youths are well aware that they will eventually marry and establish their households, which will remain connected to the extended family. Marriage is viewed as a sacred duty that every normal individual must fulfill before gaining reasonable recognition within society (Okpe 2).

In Igala customs, marriage establishes a close social relationship between the relatives of both families, fostered through the exchange of visits and gifts. This practice plays a crucial role in strengthening the bond and longevity of the new family unit. Therefore, marriage in Igala is not solely the affair of the couple but involves all those who are connected to them in some way or another. This perspective aligns with Mbiti's view (104) that traditional African marriage involves more than just the couple; it is a union that encompasses multiple individuals. Through marriage, numerous relationships are established, and the newly married couple becomes a focal point within the community. Weddings are celebrated with joyous festivities, providing an opportunity for everyone to partake. The active participation of relatives and friends is highly valued as it signifies their contribution, especially in situations where the couple might be unable to meet all the requirements for the celebration. This aspect emphasizes the vital role of the family as a form of social security and insurance for its members (Okpe 2).

Children hold immense value in Igala marriages; they are seen as evidence and validation of the union. A marriage without children is not well-received, and it is only when a marriage produces children that it is considered fulfilled. Because of this, marriages with children are more challenging to break up, while those without children are more susceptible to dissolution or seeking alternative solutions, such as marrying a second wife if the issue lies with the woman.

Children are viewed as an extension of parental life, perpetuating the family's existence. Children born within marriage are considered legitimate and hold a significant place in Igala society as members of a specific lineage and family. They inherit rights and responsibilities from their parents' union, making it almost inconceivable for someone not to marry to have children. Children are a source of pride for the family and a man's prestige and honor increase with the number of children he has. In traditional Igala society, children are also considered an economic resource, and one's wealth and greatness are measured by the number of wives and children (Okpe 2). An Igala songwriter and artist further highlighted the value of children in the lyrics of one of her songs thus:

*Enwu choma,
Ene choma
Omete Oma
uma neñumā
Ōmā chānyi
Ōmā chūyō
Ōmā chōkō ki tabobulē bi nyui ōkō
Dāgbā kējura dagbā kējubiē
Ōmā kichukpo ōbō kibō lāmwu ma
Enwu duu dābōmānw*

Translation:

What is a child?

Who is a child?

A child is royalty.

If I don't have one, I am finished.

A child is happiness.

A child is joy.

A child is an asset that welcomes a woman to her husband's house.

No matter the level of suffering in her home, she endures for the sake of her child.

A child is a cloth that covers the shame of the mother.

Nothing compares to having a child as a woman.

Sociocultural Effects of Childlessness among Married Women in Ochadamu

Children play crucial roles in the family and are taught obedience and respect for their parents and elders. Culture prioritizes fertility and motherhood as central to women's identities, achieving adult status and acceptance in the community. Socio-culturally, childlessness intersects with deeply ingrained beliefs and norms in Igala society. Women are often judged based on their ability to bear children, and childless women may be stigmatized or ostracized. This social exclusion can lead to feelings of isolation and further exacerbate psychological distress. Additionally, childlessness can impact a woman's status within her husband's family and the broader community, potentially affecting her standing and influence. When discussing the socio-cultural ramifications of childlessness,

respondents highlighted how community attitudes and norms contribute to the experiences of childless women. One of the respondents, a community leader and women's rights advocate, commented:

Childlessness challenges the prevailing norms of our society. Women can face judgment and exclusion. We need to reshape our cultural narrative to be more inclusive and supportive. Childless women often find themselves navigating a landscape of stigma. Their roles within families and communities can be marginalized. Empowering these women requires a collective shift in mindset.

In a society that recognizes the significance of children, giving birth to a child completes womanhood and the family. Thus, being a mother is synonymous with being a woman. The failure, then to become a mother, constitutes not fully achieving the status of a woman. Relatively, the desire for motherhood is inevitable and almost universal. In Ochadamu, a vibrant community deeply rooted in Igala culture and traditions, the issue of childlessness among married women has profound socio-cultural implications.

I. Psychological Effects

Childlessness often evokes a range of psychological responses among married women in Ochadamu. Within the context of Igala culture, the primary role of women is often seen as nurturing mothers and caretakers of the family. The inability to fulfill this role can lead to feelings of inadequacy, low self-esteem, and a sense of failure. Women may experience societal pressure and judgment, contributing to anxiety, depression, and emotional distress. Furthermore, childlessness can strain marital relationships, leading to conflicts and emotional distancing between spouses. The societal expectation of bearing children can intensify these tensions, causing psychological strain and diminishing the overall quality of life for these women. Respondents were candid in discussing the psychological impact of childlessness on married women in Ochadamu. These insights shed light on the emotional complexities faced by women experiencing infertility within the context of Igala culture.

A woman in her late thirties named Oyibo Sa'adat, shared:

The pressure to have children is immense. There are times when I question my own worth and abilities because the society I find myself has limited my value to bearing of children alone and my identity is reduced to my ability to conceive. It's a constant battle to remind myself that my value goes beyond motherhood; a battle that is tough and draining. Everyday there is a constant struggle to cope and survive while looking forward to tomorrow's ridicules and disdains.

Furthermore, a traditional healer named Yakubu Mark, noted: "I've witnessed firsthand the toll childlessness takes on women's mental health. Many feel a sense of isolation and shame. It's crucial for us as a community to provide support and understanding."

II. Economic Effects

Economically, childlessness can also have considerable repercussions on married women in Ochadamu. Traditional Igala society places value on family units as a source of labor and support. Childless women may face economic challenges as they lack the additional manpower that children can provide for agricultural activities or income-generating ventures. Moreover, the absence of children can lead to inadequate social support in old age, potentially leaving childless women vulnerable in their later years. In exploring the economic implications of childlessness, respondents elucidated the multifaceted challenges that can arise in a community where family roles intertwine with economic activities.

Ebi Jacob Friday a farmer, summed it up thus:

Children are seen as assets in our community. They assist with farming, which is our main livelihood. Without children, there's a gap in our ability to work the land effectively. It can strain a family's resources. Economic security in old age is also a concern for childless women. In our culture, children often support their parents as they grow older. Without that support, childless women can face uncertainties.

The economic repercussions of infertility are substantial, often leading to significant financial strain. Many women, find themselves depleting a substantial portion of their savings on medical consultations, tests, and various supplements aimed at enhancing their fertility. Mr. Agada Job noted that "in a desperate attempt to have children, most women end up spending every dime on seeking solutions which end up impoverishing them." This financial burden is irrespective of their economic status. For women without children, [h1] [BEE2] vulnerability increases, particularly in the unfortunate event of their husband's demise. The economic circumstances of a couple also influence their healthcare-seeking behavior. Initially, both partners, regardless of their financial standing, tend to invest resources in pursuit of treatment while adhering to dominant gender roles. However, if these efforts prove futile, husbands commonly reduce their financial support. Despite this, many women continue their search for treatment even without their husband's financial backing. Notably, women with salaried jobs find it easier to seek medical care independently. [h1]Merge paragraphs [BEE2]Merged

III. Health Effects

The health effects of childlessness on married women extend beyond the physical realm. The stress and emotional turmoil associated with infertility can have

tangible effects on overall health. Prolonged psychological distress can contribute to compromised immune systems, increased susceptibility to various illnesses, and even reduced life expectancy. It is crucial to recognize the interconnectedness of mental and physical well-being within the context of childlessness. Insights into the health effects of childlessness on married women underscored the intricate connection between emotional well-being and physical health. One of the interviewees, a healthcare professional and midwife, pointed out:

The stress of infertility can take a toll on women's bodies. Chronic stress can lead to weakened immune systems and a range of health issues. It's important to address the mental and physical aspects. I've observed cases where the desire for a child becomes all-consuming, impacting a woman's self-care. Mental anguish can manifest in physical symptoms. This interplay is a crucial consideration."

Similarly, in an interview session with Mrs. Peace Okai, she stated thus:

The demeaning words of my husband as a result of my inability to bear children in our four years of marriage rang in my heart daily. It affected me mentally that whenever I am alone, I saw myself repeating those hurting words to myself and my subconscious mind started believing all that he said to me. I hardly went out of the house and whenever I did, I keep speaking to myself as I walked through the streets. Every day he threatened to throw me out of our home and get a 'real woman' who will bear him children; he called me a man and sometimes, an empty barrel. It took years of intentional therapy to get rid of his hurting words from my mind, get back my sanity and for me to function properly in the society again.

The strain associated with infertility struggles and societal pressure to have children can contribute to chronic stress which may have adverse effects on the overall health of affected women. Depression, low self-esteem, anxiety, loss of identity, multi personality disorders are all underlying effects that plague childless women.

IV. Stigmatization within the Community

All the women who were interviewed and experiencing childlessness shared a common experience of the rapid spread of gossip, hurting jokes, and rumors within their communities. They recounted the profound suffering inflicted by community members who labeled them as 'barren,' accused them of being witches who 'ate their children,' and subjected them to social stigmatization (Interview sessions). [\[h1\]](#) [\[BEE2\]](#) This stigmatization can be partially understood through two main factors: (i) prevailing gender norms and roles, and (ii) the perceived causes of female infertility. During interviews, respondents discussed various interpretations of the causes of infertility, but two are particularly relevant to this discussion. Firstly, infertility was sometimes associated with accusations of

witchcraft, with women being unjustly accused of practicing dark arts, including the horrific notion of consuming their offspring. Secondly, while premarital and extramarital intercourse were deemed immoral in the community, infertility was often linked to issues such as abortions, sexual infections, and occasionally the misuse of family planning injections and tablets. [\[h1\]](#)Source [\[BEE2\]](#)Interview sessions

Esther Labija a trader in Ochadamu community noted that:

Although childless women are not outrightly excluded from societal functions, but they are technically avoided by others in a social gathering especially those suspected to be witch who have eaten their children in the witch's coven. On the part of the childless woman, she may feel shortchanged to partake in some functions in the community.

V. Consequences for Relationship with In-Laws

The attitude of mothers-in-law towards their infertile daughters-in-law is usually unfavorable. The attitude of in-laws is relatively unfavorable towards the childless woman and in the long run; they do support her dehumanization because they believe that the childless woman is aiding the termination of their lineage. As such, in-laws encourage the marriage of a second wife in an attempt to ensure the continuation of their lineages. Other women do look down on childless women; most of the time believing that the childless women are the architect of their condition. The unfavorable attitudes exhibited against the childless women by other women include gossip, scornful laughter downgrading looks, direct/indirect reference to their plight, and sometimes open confrontation.

This is highlighted in an excerpt from an interview with Peace Okai:

My husband's family told my husband to divorce me or take a second wife. At that time, his mother and sisters were all living with me, and conflicts between us was a regular routine, nothing I did was pleasing. In fact, my existence as a person was irritable to them. My sister in-law told my husband that I had done several abortions as a young lady and my womb was damaged; I didn't know where she got that from, but she was able to convince everyone with that lie."

In extreme cases, childless women are disinherited of all the properties of the family should the husband die before her.

VI. Consequences for Marriage

Over time, a few couples managed to cope with the challenge of infertility and remained supportive of each other, but for many interviewed, the experience was marked by suffering. A young woman, Peace Okai candidly expressed her feelings: "Men are very harsh. They don't love you when you're facing fertility difficulties."[\[h1\]](#) [\[BEE2\]](#) Some women shared that they endured physical abuse

from their husbands because of their infertility. During interviews, women with infertility expressed their fears of divorce. One woman explained, "I said to myself, if he divorces me, where would I go? And even if I remarry, the infertility problem would persist". [\[h1\]](#)Source

[\[BEE2\]](#)Response from Interview sessions conducted

Way Forward

Addressing the sociocultural effects of childlessness in Ochadamu requires a multifaceted approach that combines cultural sensitivity, medical intervention, and coping mechanisms through community support.

i. Cultural Sensitivity and Education

Community leaders, religious institutions, and cultural custodians can play a pivotal role in promoting a shift in attitudes by encouraging a broader societal understanding of childlessness and infertility. Stereotypes and stigmas associated with childlessness should be challenged through public discourse and media campaigns. Educational campaigns can challenge harmful stereotypes and provide accurate information about the causes of childlessness. By dispelling misconceptions, society can move toward greater empathy and understanding for childless women, will encourage empathy and support by the community, and will make childless women find rest within the society.

ii. Medical Intervention and Counseling

Access to modern medical treatments and fertility clinics can provide viable solutions for some couples struggling with infertility. Offering these services within the community, alongside psychological counseling, can address both the physical and emotional aspects of infertility, fostering a more holistic approach to well-being. Seeking early medical attention is crucial for couples facing infertility as it can significantly improve their chances of successful treatment. It is advisable for couples who have lived together for at least a year without achieving a pregnancy to consult a medical professional for a thorough evaluation. Early access to medical care, counseling, and psychotherapy can help alleviate the profound challenges of childlessness. Relying on fraudulent individuals who may prescribe unnecessary rituals involving spirits like incubus, succubus, or the queen of the coast. Such practices can waste valuable time and delay necessary medical intervention. Infertility can result from various medical issues in both men and women. Therefore, it is important to identify the possible causes of infertility through proper medical evaluation. Once the causes are identified, appropriate treatments can be prescribed. These treatments may include surgical procedures, medical interventions, or assisted reproductive techniques. In addition to conventional medical approaches, traditional medicine has also shown effectiveness in treating infertility. Traditional healers often use local herbs and roots to address infertility issues in both men and women.

iii. Coping Mechanism and Support Networks

According to Hayes, the coping mechanism of couples (especially women) with childlessness can be described as how women in marriage adapt to the situation of not having children after concerted efforts have been made over some time (288). Some of the coping strategies include seeking emotional/social support from family and friends through their companionship or deliberate avoidance from them to avoid emotional damage. Having safe control or seeking comfort in a religious organization is another means of coping strategy.

Expressing sympathy, care, love, compassion, trust, acceptance, intimacy, or encouragement refers to emotional support. It is the warmth and nurturing offered by social support systems. Giving someone emotional support demonstrates that you value them. It is often referred to as evaluation support or esteem support. The offering of financial aid, tangible items, or services is referred to as tangible support. This also includes the practical, immediate ways people help others and is also referred to as instrumental support. Giving someone advice, direction, suggestions, or beneficial knowledge is referred to as informational support. This kind of knowledge may be able to assist others in finding solutions to their issues (Ayankeye 20). Support in the form of companionship fosters a person's sense of social integration (and is also called belonging). This could be seen as the availability of companies to partake in communal social activities to lessen the stress of infertility (Rasak and Oladipo 45).

Religion is also a resource that can be used by infertile women to cope with infertility and the distress that comes with it. It serves as a significant coping mechanism for childless women by providing spiritual solace, comfort, and guidance. Prayers, meditation, and attending religious services can provide a sense of connection to a Supreme God who is believed to have powers over their condition. Childless women may also find understanding and empathy from fellow worshippers who share similar beliefs. Religious rituals and ceremonies can provide structure and meaning to life events through participating in religious rituals related to fertility. Childless women may draw strength from the hope that their situation can change through divine intervention.

iv. Redefining Womanhood and Family

Promoting a broader understanding of womanhood beyond motherhood can counter the narrow definition that contributes to stigma. Emphasizing the various roles and contributions that women make within their families and communities can shift societal expectations and celebrate diverse paths to fulfillment. By emphasizing and embracing diverse roles beyond motherhood, such as pursuing careers, education, or community involvement, womanhood is redefined beyond just bearing children. There is also the need to create awareness about the diverse role women can play in society beyond motherhood. Advocacy and awareness can help to change societal perceptions and reduce the stigma associated with childlessness. Acknowledging that families can take various forms such as close friendships, mentorships, or even chosen families can be liberating for childless

women. These structures can provide emotional support and help traditionally associated with families.

Redefining womanhood and family involves a cultural shift that recognizes women as individuals with diverse aspirations and roles, allowing them to live fulfilled lives irrespective of their motherhood status.

v. Adoption as a Viable Option

Adoption typically becomes the last resort for couples who are unable to conceive children through natural means. It often comes after exhausting all available medical options. According to Obiyo adoption can be defined as "getting a child who is not biologically related and providing him or her with all the rights and privileges typically accorded to a biological child"(9). It is an act where an individual acknowledges a person who is not biologically related to his or her child, granting them legal rights and responsibilities akin to those of a biological child.

Adoption, as identified by Obiyo, can take various forms: open, closed, and private. In an open adoption, there is a free flow of information and communication between the biological parents, adoptive parents, and the child, often governed by prearranged agreements regarding the manner and timing of such interactions. Closed adoption, on the other hand, involves the identities of the adoptive and biological parents being kept confidential from each other (9). In this scenario, once the adoptive parents have completed the necessary legal paperwork, they are not provided with information about the child's biological parents to prevent any potential interference. However, this type of adoption has become increasingly expensive and complex, making it challenging for individuals with limited financial resources. Private adoption is a secret arrangement between adoptive parents and biological parents or intermediaries, such as doctors, midwives, or individuals posing as religious figures. This type of adoption is often risky and lacks legal backing. Unfortunately, in some cases, it has evolved into a commercial enterprise, where teenage girls are contracted to become pregnant and paid after delivery, leaving the child for intermediaries to sell to childless couples. Adoption can be a significant relief for childless couples, providing them with a much-needed solution. It also frequently offers protection to the adopted child, who may have faced physical and emotional harm in their biological family. This is especially true for children labeled as "unwanted" by their biological mothers. As previously emphasized, ensuring the legality of a child's adoption is crucial for the well-being of both the child and the adoptive parents.

Recommendations

In the light of the above findings, the following recommendations are proffered:

- i. Increase public awareness and education about childlessness and infertility, including the causes, treatments, and impact on women's lives. Mass enlightenment of the public could help increase the knowledge of the causes of infertility among married couples and also reduce the feeling of inferiority complex among childless couples.

- ii. Childless couples should seek medical treatment jointly and share the responsibility for fertility.
- iii. Advocate for gender equality within the community, challenging traditional gender roles and expectations. This can help reduce the disproportionate burden placed on women and shift societal attitudes toward childlessness.
- iv. Provide psychological support for childless women, including counselling, therapy, and support groups.
- v. Foster intergenerational conversations that challenge ingrained beliefs about womanhood and family. Encourage open discussions that promote empathy and understanding across different age groups.
- vi. Continue research efforts to monitor the evolving challenges and needs of childless women in Ochadamu. Raise awareness through community workshops, seminars, and media campaigns. By raising awareness of these issues and identifying potential solutions, childless women can be supported and empowered.

Conclusion

Infertility in women is an unfortunate and distressing condition that can have profound negative effects. It's crucial to recognize that infertility issues extend beyond the individual in African societies. However, the responses and language used by men and women reflect their unique experiences. Listening to their stories and experiences highlights the significant physical and emotional challenges they encounter daily, both within their households and in the broader community. For those who have chosen to pursue infertility treatment, it's important to understand that such treatments in Nigeria are far from straightforward due to the emotional and physical difficulties involved. Each failure brings with it the renewed fear of never becoming a parent, which can linger even after successful treatment. Childlessness carries substantial psychological and social implications for those affected, particularly in societies like Ochadamu where fertility is highly valued. To move forward, it is imperative to challenge and transform the traditional norms and beliefs that perpetuate the marginalization of childless women.

Works Cited**Books**

- Egbunu F.E. *Chieftaincy Titles among Igala: Problems and Prospects for Christians*. Snaap Press, Enugu. 2001
- ..., *Igala Traditional Values Versus Modernity*. Afro-Orbis, Nsukka, 2009.
- Griel, A.L. *Infertility Bodies: Medicalization, Metaphor and Agency*. In Marcia C. Inhorn and Frank Balen (Eds), 101-118, 2002.
- Mbiti, J. S., *Introduction to African Religion*. Second Edition: Oxford, London, 1991.
- ..., *Love and Marriage in Africa*. Longman Group, London, 1973.
- Okwoli, P. E, *Introduction to Igala Traditional Religion*. Pastoral Center, Anyigba, 1996.

Journals

- Abubakar, S, Lawan U. M., & Yasir T. N, "Knowledge and Attitudes towards Child Adoption and Fostering among Infertile Women in Northern Nigeria." *Sahel Medical Journal*, Vol. 2 No.16, pp.19-23, 2013.
- American Society for Reproductive Medicine (ASRM). "Infertility: An Overview, a Guideline for Patients." *American Society for Reproductive Health Journal*. Vol. 1, pp 5-14, 2012.
- Anyadike C.C., Ekeke, O.N., & Eke, N. "Effect of Varicocele on Seminal Fluid Parameters." *J. West Afr Coll Surg*. Vol. 6(3), pp. 123-137, 2016.
- Egharevba Osagie & Oboh Elijah. "The Socio-Cultural Impact of Childlessness on Married Couples in Egor Local Government Area of Edo State, Nigeria." *Journals of Social Sciences (FJSS)*, Vol. 3, No. 4, pp. 50-65, 2020.
- Ige, Abiodun Simeon & Owoyemi J.O. "Paul's Concept of Sexual Activity in Marriage: An Exegetical Study of 1 Corinthians 7:1-5 in the African Perspective." *Assian Journal of Social Sciences, Arts and Humanities*. Vol. 4, No. 4, pp. 35-45, 2016.
- Inhorn M.C. "The Worms are Weak: Male Infertility and Patriarchal Paradoxes in Egypt." *Men and Masculinities*. Vol. 5(3), pp. 236-256, 2003.
- Kelly, M. "Women's Voluntary Childlessness: A Radical Rejection of Motherhood." *Women's Studies Quarterly*, Vol. 37, No. 2, pp. 157-172, 2009.
- Middleton, U. "Research on Infertility: Which definition should we use?" *Infertility and Sterility*. Vol. 83, No. 4, pp. 846-852, 2003.
- Ogoma, Daniel Egun. "Reflection on an African Traditional Marriage System." *Journal of Social Sciences and Public Affairs*, Vol. 4, No.1, pp. 94-104, 2014.
- Okpe. N. "The Essentials of Igala Arts and Cultural Symbols." *Anyigba Journal of Theatre, Film and Communication Arts* Vol. 1.1, 2012.
- Rasak B. & Oladipo, P. "Childlessness and Its Socio-Cultural Implication on Married Couples within some Selected Yoruba Communities in South-West Nigeria." *International Journal of Innovative Social Sciences & Humanities Research*, Vol. 5, No. 1, Pp.42-54, 2017.

Sumer, A, et. al. “Knowledge, Perceptions and Myths Regarding Infertility Among Selected Adult Population in Pakistan: a Cross Sectional Study.” *BMC Public Health*, Vol.11, No. 2, pp.760, 2010.

Uadia P.O., & Emokpae A.M. “Male Infertility in Nigeria: a Neglected Reproductive Health Issue requiring Attention. *Journal of Basic and Clinical Reproductive Sciences*. Vol. 4, pp. 20-45, 2015.

Unpublished Works

Miachi, T. A., *The Masquerade Phenomenon in Igala Culture – An Anthropological Analysis* (Doctoral Thesis). Nigeria: Ibadan, 1990.

Internet Sources

Okpe, Nicholas Ojoajogwu. *Between Tradition and Religion -Marriage Custom Among Igala People of Nigeria*, 2017.

[https://www.researchgate.net/publication/354074431_BETWEEN_TRADITION_AND_RELIGION - MARRIAGE_CUSTOM_AMONG_IGALA_PEOPLE_OF_NIGERIA](https://www.researchgate.net/publication/354074431_BETWEEN_TRADITION_AND_RELIGION_-_MARRIAGE_CUSTOM_AMONG_IGALA_PEOPLE_OF_NIGERIA)

Accessed on 30th May, 2023.

WHO Infecundity, Infertility, and Childlessness in Developing Countries.

Available at:

http://www.who.int/reproductivehealth/publications/infertility/DHS_9/en/

Accessed on 23rd May, 2023.

..., (<https://www.who.int/news-room/fact-sheets/detail/infertility> Accessed on 23rd May, 2023.

Oral Interviews

S/N	NAMES	AGE	OCCUPATION	LOCATION	DATES
1.	Agada Job Onogu	57 years	Teacher	Ogugu	21/8/2023
2.	Labaran Jibrin	49 years	Civil Servant	Dekina	21/8/2023
3.	Solomon Idegu A.	55 years	Lecturer	Ochadamu	23/8/2023
4.	Oyibo Sa'dat	39 years	Civil Servant	Omala	27/8/2023
5.	Yakubu Mark	55 years	Traditional Healer	Ochadamu	28/8/2023
6.	Peace Okai	35 years	Laboratory Scientist	Ochadamu	28/8/2023
7.	Ebi Jacob Friday	62 years	Farmer	Egume	4/9/2023
8.	Esther Labija	42 years	Trader	Ochadamu	6/9/2023

9.	Deborah Onoja	50 years	Woman Rights Advocate	Dekina	12/9/2023
10.	Ojoma Enemona	45 years	Women Leader	Okele	15/9/2023